



Charnwood Athletic Club

Membership Application Form:2007 - 2008

This form is ONLY for NEW MEMBERS

Thank you for deciding to join Charnwood A.C. Here are some points of information that you might find useful.

1. You may join us as a First Claim, Second Claim or Associate Member. An Associate Member is non-competitive. You may belong to **one** First Claim club for each discipline (Track, Fells etc.). Feel free to contact the Membership Secretary if you wish to discuss this. His contact details are at the end of this form.
2. If you have been a member of another athletics club in the past two years, and wish to join Charnwood A.C. as a First Claim Member, a letter of acceptance of resignation **must** accompany this form.
3. Members now renew their membership in August. You will be asked to pay a pro rata payment for the remaining time of the subscription year.
4. If any member fails to renew their membership they cannot compete from three months after (1st October) the renewal date.
5. Unless we receive a SAE with the renewal we will leave your new card in the stadium at the Loughborough University track for collection.

We need several bits of information from you so we can contact you, if necessary, and so we can keep your registration with the Midland Counties Athletic Association and with UK Athletics current.

Contact Information and Personal Information (Please use BLOCK letters).

Full Name (Mr/Mrs/Miss/Ms/Dr/Prof *) * **Delete as appropriate**

.....

Address.....

.....

Postcode Telephone

Date of Birth Mobile

Email Address (if appropriate)

Town and Country of Birth

Information for Our Records

Activities / Interests (tick any)

Running (endurance) Sprints/Hurdles Jumps Throws
Multi Events Race Walking Fell Running

Other Information

I am registered disabled

I would like to help the club (General Assistance)

I am a member because I cannot do this activity competitively with my other club

PTO

Type of Membership

Band 1	Band 2	Band 3
U/11[], U/13 [] and U15 []	U/17 [], U/20 [], Full-time Student [], Unwaged [], Associate [],	Senior [],

If you remain a member of another club, please state which other club you belong to
 2nd Claim [], 1st Claim []

If you are registered with an English Registration Scheme with another club. Please give us your registration number

Annual Subscriptions - Includes UK Athletics Membership Levy.

Month	Subscription (Band 1, Band 2 Band 3)			Month	Subscription (Lower/Upper Band)		
August	£18	£24	£36	February	£9	£12	£18
September	£16.50	£22	£33	March	£7.50	£10	£15
October	£15	£20	£30	April	£6	£8	£12
November	£13.50	£18	£27	May	£4.50	£6	£9
December	£12	£16	£24	June	£3	£4	£6
January	£10.50	£14	£21	July	£19.50	£26	£39

Please make cheques payable to Charnwood A.C. July membership includes next year. The July payment includes the next year as well.

Fees become due on the 1st August each year until you notify the club, in writing, of your resignation.

Subscriptions for 3rd and later children is 50% of values above.

Declaration.

I am an amateur as defined by the AAAs of England and I agree to abide by their rules and those of Charnwood A.C.

Signed Date

I give permission for the above to participate in Charnwood Athletic Club training and competition.

Signed Parent/Guardian if applicant is under 17.

This form should be sent to the Membership Secretary, Mr Rob Seager at the following address, **with the appropriate fee.**

Mr Rob Seager, 24 Nicolson Road, Loughborough, LE11 3SD. (01509 237902)

Note: Web site URL is <http://www.charnwoodac.org.uk>

For Official Use only

Amount Received £..... Date / / DB [] Card [] Date / /



Charnwood Athletic Club

Medication Declaration

If you are competing for, or training with, Charnwood Athletic Club please complete this form and leave it at the clubhouse. If you have a medical condition that might require emergency treatment your life might depend on doing this. It will also ensure that you are covered by UK Athletics' insurance. Please remember that you may have a medical condition unknowingly and if this is the case, please "None" in the condition box.

Name:	
Address:	
Emergency contact person:	
Telephone number:	
Mobile number:	
Condition:	
Do you carry medication?	Yes No
Are there any emergency procedures of which we should be aware?	